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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Papua New Guinea

Proposed UNFPA assistance:	$6.5 million, $5 million from regular resources and $1.5 million from multi-bilateral and/or other, including regular, resources
Programme period:	5 years (1998-2002)
Cycle of assistance:	Second
Category per decision 96/15:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	3.6	0.5	4.1
Population & development strategies	0.9	1.0	1.9
Programme coordination & assistance	0.5	-	0.5
Total	5.0	1.5	6.5

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PAPUA NEW GUINEA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	43.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	32.0	≥55
Access to basic health services (%)[3]	96.0	≥60
Infant mortality rate (/1000)[4]	68.0	≤50
Maternal mortality rate (/100,000)[5]	900.0	≤100
Gross female enrolment rate at primary level (%)[6]	55.3	≥75
Adult female literacy rate(%)[7]	57.4	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	*4,301*
Population in year 2000 (000)	*4,811*
Sex ratio (/100 females)	*106.6*
Per cent urban	*16*
Age distribution (%)	
Ages 0-14	*39.5*
Youth (15-24)	*20.4*
Ages 60+	*4.8*
Percentage of women aged 15-49	*49.4*
Median age (years)	*20.0*
Population density (/sq. km.)	*9*
Annual population growth rate (%)	*2.24*
Urban	*3.87*
Rural	*1.91*
Crude birth rate (/1000)	*32.3*
Crude death rate (/1000)	*9.9*
Net migration rate (/1000)	*0.0*
Total fertility rate (/woman)	*4.65*
Life expectancy at birth (years)	
Males	*57.2*
Females	*58.7*
Both sexes	*57.9*
GNP per capita (U.S. dollars, 1994)	*1,160*

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a programme of assistance over the period 1998-2002 to assist the Government of Papua New Guinea in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $6.5 million, of which $5 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $1.5 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This will be UNFPA's second cycle of assistance to Papua New Guinea.

2. This programme has been formulated in close consultation with the Government and takes into account the areas of assistance being provided by other donors working in the country. The programme also duly reflects the country's Medium-Term Development Strategy, the national health and population policies, the recommendations of the country programme evaluation that took place in late 1996 and other lessons learned from the previous cycle. The proposed programme is also in line with the Country Strategy Note, which was written in 1996. The 1998-2002 programme cycle is synchronized with the Government's Medium-Term Development Strategy (1997-2002) as well as with the UNICEF programme cycle (1998-2002).

3. Because of its medium-level per capita income figures, Papua New Guinea is classified as a "B" category country in terms of UNFPA assistance, but it is far from meeting the majority of the threshold levels for the indicators endorsed by the Executive Board in decision 96/15. However, there are signs, as indicated by the results of the 1996 demographic and health survey, that the situation is now beginning to improve, and the considerable amount of planned donor assistance to the health and education sectors should expedite this process.

4. The proposed programme of cooperation will seek to assist the Government to improve the reproductive health status of men, women and youth through support for comprehensive reproductive health services. In addition, support will be provided for the strengthening of data collection and analysis, development planning, and the overseeing and monitoring of the national population programme.

5. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

6. The population of Papua New Guinea is a little over 4 million, with about half being under the age of 15 years. The results of the 1996 demographic and health survey indicate a growth rate of 2 per cent, which is a decrease from the 2.3 per cent measured by the 1990 census. Most of the decline in population growth rates can be attributed to declining fertility, which has fallen more steeply than mortality. The demographic and health survey data also indicated that the total fertility rate has fallen to about 4.7, with a contraceptive prevalence rate of 20-25 per cent. The peak of fertility for Papua New Guinea women is in the relatively young age group of 20-24 years. The dependency ratio is over 85, which represents a considerable burden for the country's economic development. Life expectancy at birth is 51 years for males and 52 for females. Infant mortality was estimated at about 70 per 1,000 live births, representing a small decline from previous years.

7. Eighty-five per cent of the population lives in rural areas, many with limited access to government services. In 1995, a new Organic Law was adopted that focuses government administration and the distribution of resources on the lower-level districts rather than at the provincial level. This change, which is currently being implemented, is designed to increase the decentralization of powers and to enhance capacity to deliver services to the rural majority. The current state of government health and education services is generally poor. Systems that were once in place and functioning well have deteriorated. Health problems that were apparently being ameliorated are now on the increase. Others, such as malaria, continue to be widespread, and new ones, such as non-communicable diseases and HIV/AIDS, are increasing.

8. The status of women's health is unfavourable, characterized by high maternal mortality and high levels of morbidity, including poor nutrition and high rates of sexually transmitted diseases (STDs). Overall, HIV affects both sexes evenly. Fifty per cent of pregnant women lack adequate prenatal care nor do they have attended births -- mainly due to the distances and difficulty in reaching health services. Traditionally, the benefits of family planning were appreciated, and there is anecdotal evidence that some traditional methods are still used. The continuing high level of breast-feeding contributes to birth-spacing as do traditional periods of abstinence, although the latter practice is decreasing. Knowledge of modern methods of family planning is now reasonably high (about 60 per cent of people are aware of modern methods) although use is still low (20 per cent), but increasing. Depo-provera is the most popular method used. The use of permanent methods is still low (about 6 per cent), partly due to lack of knowledge and partly to lack of accessible services. Among those currently not using a modern contraceptive method, many do not want any more children, signifying a large unmet need. Lack of understanding of family planning methods appears to be the key reason for those women who indicated that they would not use family planning.

9. Cancers of the breast and cervix appear to be increasing while health services to deal with those problems are almost non-existent. The prevalence of violence against women, both within and outside the home, results in high levels of physical and emotional trauma and increased risks to reproductive health. Poor nutrition, malaria and the heavy physical workload of rural women compound these problems. On the other hand, by world standards, the rate of teen pregnancy is not particularly high (around 20-30 per cent, with a mean age at first birth of 21 years). The mean age at marriage is 20 years. Women in Papua New Guinea contribute over 80 per cent of the country's food supply, but their access to the financial benefits of their agricultural work is often limited. Females are disadvantaged educationally as well as health-wise. Very few women have managed to reach senior political, management and technical positions.

10. Recent ethnographic and focus group studies provide an alarming picture of the nature and extent of risks to the reproductive health of young people. Very few practice safe sex, their knowledge of reproductive health facts is poor, and young women need to be empowered to deal with males who pressure them into risky situations, often with violence. It is clear that there is a great need for reproductive health information, better communication skills and for gender equality. Church leaders, teachers, health workers and parents have indicated their great concern about the behaviour of young people and their inadequacy in being able to respond effectively to meeting their needs.

11. The Government has in place a population policy that is currently being revised in order to more appropriately take into account a broader approach to population issues, along the lines of the ICPD Programme of Action. The population programme structure includes a National Council, which is serviced by a Population Planning Unit in the Department of National Planning and Implementation.

Previous UNFPA assistance

12. UNFPA has contributed to population activities in Papua New Guinea since 1973 when it provided assistance in the early stages of the national family planning programme. A country office was established in Port Moresby in June 1993. The first country programme covering the period 1992-1996 was approved for $4 million, with a one-year extension through the end of 1997. Almost $4 million was expended, including $265,000 of multi-bilateral assistance that was received from Australia. The country programme initially included projects in planning, census, reproductive health and family life education and later added additional ones in the areas of adolescent sexuality, radio communication and gender sensitization.

13. The evaluation of the country programme that was undertaken in late 1996 focused on comparing the results of 1992-1996 activities to the country programme document prepared during the 1991 PRSD mission. It noted that despite experiencing a number of setbacks to progress in its early years, the programme had achieved some of its original objectives, plus new ones, especially in the latter years when the field office became fully functional. Achievements included increased skills in producing the national census, introduction of skills in integrating population factors into development planning at both the national and provincial level, the introduction of population education into the school curricula, the completion of a reproductive health baseline survey, the introduction of gender-sensitization activities, and peer-to-peer and parent education activities to address adolescent sexuality questions. There was an increase in awareness of the significance of population issues and of the need to encompass a broader reproductive health concept. Lessons learned included the need to build in technical and administrative support to activities and the need to broaden the approach to gender issues. The first country programme also demonstrated the need to focus on strengthening basic reproductive health services and the extent of readiness to openly discuss adolescent sexuality issues and the urgency of doing so. In addition, the need to continue to improve data collection, analysis and use of data in planning was apparent.

Other external assistance

14. There are three relatively large and several smaller agencies working in areas related to population in Papua New Guinea. Under the proposed programme, use will be made of both the formal and informal mechanisms that are in place to ensure that adequate levels of communication are maintained between development partners to ensure that there is no overlap of activities, but rather complementarity and reinforcement of efforts. Australia is the major provider of assistance in the health and population sector and has a number of major projects that can assist in maximizing the effectiveness of UNFPA inputs. UNFPA will work closely with the Australian Agency for International Development (AusAID) to ensure that there is complementarity of inputs.

15. The World Bank has been involved with AusAID and the Asian Development Bank in a population project focusing on six provinces that began in 1993 and will end in 1998. The Asian Development Bank is also carrying out programmes in support of infrastructure, human resource development and institutional strengthening. The European Union and Japan are providing assistance in infrastructural development and provision of safe water. On a smaller scale, the proposed revival by UNICEF of the national Campaign Against Domestic Violence will be an activity to which UNFPA will contribute. UNFPA is currently the only donor active in the area of population planning, population education, and one of the few active in the field of adolescent sexuality.

Proposed programme

16. The proposed UNFPA programme will build on such comparative advantages as the Fund's rich technical resource base and its access to innovations in the fields of population and reproductive health. It also has demonstrated advantages in the areas of integrated reproductive health programmes, population education, the integration of population factors into development planning and adolescent reproductive health.

17. The national health goal is to improve the health of all people, mainly through increasing services to the rural majority and by expanding health promotion and preventive health services. In terms of population, it aims to increase the number of new family planning acceptors and to increase prenatal coverage. The purposes of UNFPA's proposed programme are to help improve the accessibility and quality of reproductive health services, increase public awareness of the benefits of family planning, improve the status of women and increase access to basic education and literacy, especially for women, and enhance the Government's capacity and willingness to take population issues into account in policy decisions.

18. Reproductive health. More than half the programme's funding will be devoted to reproductive health activities, in recognition of the country's pressing maternal mortality and reproductive health-related morbidity problems. The subprogramme will aim to increase reproductive health knowledge among selected target groups and, at the same time, improve the capacity of the health services to deliver accessible and appropriate maternal care and family planning services at all levels of the health system in four selected provinces. The four provinces in which UNFPA will concentrate its activities were selected by the Government during the previous country programme because they are, with one exception, heavily populated and their needs are high. The other six of the country's most heavily populated provinces have already received significant support from other donors.

19. The focus of the service delivery activity will be on the training (or re-training) of provincial and district health workers, including hospital medical and nursing staff, health extension officers, district maternal and child health and family planning (MCH/FP) nurses and village-based community health workers. The training will include counselling, reporting, supply management and service provision techniques, including widening the choice of contraceptive methods. Improving the management, supervision, outreach and integration of services will also be part of the training as will the capacity to collect, analyse and use data. Staff will be encouraged to motivate men to play a more active role in reproductive health decision-making and to be more receptive to the needs of youth. An extensive baseline survey and situation analysis was undertaken in the four

selected provinces as preparation for this activity during the previous programme and will provide useful indicators for programme evaluation.

20. Supporting the service delivery aspects of the subprogramme will be a number of smaller scale activities aimed at increasing reproductive health knowledge, gender sensitization and decision-making skills. These include integrating population issues into the school curriculum, providing family life education through provincial and district women's groups, promoting peer and parent education training in adolescent sexuality and gender sensitization through role models, and carrying out a radio communications activity. Support will also be provided for advocacy activities aimed at promoting the full integration of reproductive health services and establishing the right to appropriate services for everyone, including youth, through the dissemination of written materials, technical advice and seminars.

21. Success in achieving the purposes of the programme will be measured by comparison with a number of indicators, in particular those identified as most relevant by the baseline survey and the national demographic survey undertaken in 1996/1997. These will include the level of knowledge and understanding of reproductive health matters among adults and youth, the extent of increased access to and use of reproductive health services in the four target provinces, and the extent of changes in gender relations, including decreased domestic violence and increased involvement of men in reproductive health-related decision-making.

22. Population and development strategies. The proposed country programme will continue to provide support for the strengthening of the Government's capacity to take population issues into account in planning and, if sufficient additional resources are available, for strengthening the country's database.

23. In order to build on the work undertaken in the first country programme, the proposed programme will continue to support the Population Planning Unit in the Department of National Planning and Implementation. The strategy will be to increase knowledge and awareness, improve technical capacity, help in revision of the population policy, improve programme coordination and improve the national database. The priority will be to develop the knowledge and skills of national and provincial planners. This will involve familiarizing national and provincial governmental and other personnel about basic population issues, including population projections, and providing them with skills needed in the planning process.

24. Support will also be provided to the staff of the Population Planning Unit to strengthen government capacity to oversee and monitor the implementation of the national population policy and also to undertake effective advocacy. While early efforts have provided a useful basis, there continues to be a need to develop the content of advocacy programmes so that implications of

population growth rates and other demographic variables receive greater attention, especially among policy makers. There is therefore a need to build on the initial ad hoc advocacy efforts carried out by various players, both within government and without, to assist the Government in developing an overall advocacy strategy and a coordinating mechanism for IEC and advocacy activities.

25. Over the past decade, the Government has developed a basic capacity to collect and use data but needs to refine its skills further so that data are used more efficiently and effectively. The current need is to ensure that the results are more accurate, available earlier, more widely disseminated and more effectively used in planning at all levels. This is particularly important now that a major decentralization process is under way that requires planning skills and the awareness of population issues down to the district level. If sufficient multi-bilateral funds are available, it is therefore proposed to provide selected support to the 2000 census and for the development of the population aspects of a model for a new provincial data system.

26. Indicators for success of the above activities would include improved national and provincial capacity to integrate population factors into the planning process. The Population Planning Unit would have an improved capacity to report to the National Population Council on the nature and extent of national population activities and the progress that is being made towards achieving national goals. There would be a national advocacy strategy and a capacity to draw on and use population data to support the strategy. Support will be given to help improve data collection systems and to produce a variety of census reports in a timely manner and to disseminate them more widely than in the past so that the information can be used more effectively. From the work in the reproductive health project, health workers and administrators would also be more skilled at collecting and using data to monitor progress and to plan activities.

27. Multi-bilateral funding, if available, would be allocated to support an expanded adolescent sexuality radio communications programme, additional focused technical support for the 2000 census and aspects of a model provincial database.

28. Linkages. There will be concerted efforts by UNFPA programme staff to link the programme components more closely together than was done in the past. For example, activities in the area of population planning will provide information on the linkages between population and environment factors for use in the population education curriculum, in family life education and in radio activities. Gender factors will be taken into account in all projects, with a much greater emphasis on males than in the past. For example, a booklet on male role models will be produced as part of gender-sensitization activities and male, as well as female, role models will be used in school visits. Gender analysis of data will be included in all projects. Population data will be used to highlight issues and to provide material for use in advocacy and IEC activities.

29. The need to assist in building absorptive capacity and in developing better skills in project management and administration in both the Government and NGOs will be catered for within projects by the provision of administrative support and on-the-job training. The development of an overall advocacy strategy by the Population Planning Unit will also assist in linking activities together and reinforcing messages. Project staff will be encouraged to contribute to each others' activities by, for example, involving population education and reproductive health staff in activities in the area of adolescent sexuality and in developing the gender-sensitization materials for the education curricula. It is envisaged that there will be a continuation of informal collaboration between donor activities, e.g., in the area of domestic violence with UNICEF and adolescent sexuality with AusAID.

Implementation, coordination, monitoring and evaluation

30. The proposed programme will be managed by the UNFPA Representative who is assisted by one national programme officer and a junior professional officer, who will be with the office until mid-1999. Support staff include a secretary and a finance/administrative assistant. National professional project personnel will also be involved in the implementation of the programme.

31. Implementation will be accomplished through a variety of mechanisms. Execution agencies will include United Nations agencies (WHO and ILO) and national and international NGOs, with UNFPA undertaking procurement and technical assistance. The programme will be monitored on a regular basis, based on quarterly progress reports of individual projects and annual and mid-term reviews as well as evaluations. The Country Support Team headquartered in Suva, Fiji, will provide ongoing technical assistance. Major performance indicators already exist in the form of baseline survey data, and others will be developed. A mid-term review will take place in 2000 and an overall programme evaluation in 2002. The evaluation will take into account the extent that programme objectives have been reached, the degree of integration of activities and the extent to which they have contributed to the country's capacity to achieve ICPD goals.

32. Based on the experience of the first country programme, the major risks to effective implementation are likely to be the limited technical and administrative capacity of national staff in both the Government and NGOs. Where it has been ascertained that there is insufficient local expertise, international staff in the form of technical advisers and United Nations Volunteers will need to be attached to projects, with the emphasis being on providing on-the-job training to local staff.

33. UNFPA will continue to work closely with the Department of National Planning and Implementation to ensure that its activities fall within the sphere of the National Population Policy and to reinforce and enhance the work of government departments, NGOs and other donors. It will

participate regularly in United Nations team activities, including those of UNAIDS, and other donor meetings. It will also maintain regular contact with regional agencies such as the Economic and Social Commission for Asia and the Pacific (ESCAP), the Asia-Pacific Parliamentarians, the South Pacific Commission and non-resident agencies such as UNIFEM. As there is no functioning NGO umbrella organization, coordination with NGOs will be undertaken on a one-to-one basis except when they have joint activities, such as for World Population Week and for post-ICPD activities. The International Planned Parenthood Federation (IPPF) is the only population-related international NGO working in the country, and the Fund will continue to maintain regular contact with it through its work with a new NGO, the Family Health Association.

Recommendation

34. The Executive Director recommends that the Executive Board approve the programme of assistance for Papua New Guinea as presented, in the amount of $6.5 million over the period 1998-2002, $5 million of which would be programmed from UNFPA's regular resources, to the extent that such resources are available, and the balance of $1.5 million would be sought from multi-bilateral and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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